


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90146 037 \*\*\*150.00

<b>DOCUMENT # P03000090424</b>	
1. Entity Name <b>ELEGANT WHATNOTS FOR THE BRIDE &amp; HOME, INC.</b>	

Principal Place of Business <b>5730 S. FLAMINGO ROAD COOPER CITY FL 33330</b>	Mailing Address <b>5730 S. FLAMINGO ROAD COOPER CITY FL 33330</b>
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**20057514**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>6459 W. Commercial Blvd</b>	3. Mailing Address <b>6459 W. Commercial Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMARAC, FL</b>	City & State <b>TAMARAC, FL</b>
Zip <b>33319</b>	Country <b>USA</b>

4. FEI Number <b>55-0843184</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KELLER, VALERIE 1840 NW 141ST AVE PEMBROKE PINES FL 33028</b>	
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7. Name and Address of New Registered Agent Name <b>KELLER, Valerie</b> Street Address (P.O. Box Number is Not Acceptable) <b>910 SW 117th WAY</b> City <b>DAVIE</b> FL Zip Code <b>33325</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Valerie Keller</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/29/05</b>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KELLER, VALERIE 5730 S. FLAMINGO ROAD COOPER CITY FL 33330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUNTHER, LUCILLE 5730 S. FLAMINGO ROAD COOPER CITY FL 33330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6459 W Commercial Blvd TAMARAC, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6459 W Commercial Blvd TAMARAC, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <b>Valerie Keller (Valerie Keller)</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4/29/05</b> (954) 252-3323 Daytime Phone #